K031454
page 1/2

JUL - 8 2004



Summary of Safety and Effectiveness

Applicant/Sponsor:

Biomet Orthopedics, Inc.

P.O. Box 587

Warsaw, Indiana 46581-0587

Contact Person:

Kristine C. (Kacy) Arnold, RN. MBA

Telephone: (574) 267-6639

Fax: (574) 372-1683

Proprietary Name:

Acumen™ Surgical Navigation System

Common Name:

Instrument, Stereotaxic

Classification Name:

Stereotaxic Instrument (21 CFR 882.4560)

Device Classification:

Class II

Legally Marketed Devices to Which Substantial Equivalence

is claimed:

Voyager™ Linux (K023975)

FluroLab® Plus (K013025)

Device Description: The Acumen[™] Surgical Navigation System includes general instrumentation that is utilized with application specific software developed and supplied by Z-KAT, Inc. (Hollywood, Florida).

Passive markers (spheres) are attached onto the Acumen™ instrumentation. An infrared light source generated by the camera reflects off of the passive markers to allow their position and orientation to be identified. The Acumen™ instruments are used as: 1) an independent instrument, 2) connected to instruments, which are attached to the patient, or 3) connected to the associated implant preparation and insertion instrumentation.

All Acumen[™] instruments will have a minimum of three (3) passive markers to be tracked by the camera system. They will also be rigidly connected to the instrumentation. Each Acumen[™] instrument, utilized in the surgical procedure, will have a defined geometry of the passive marker position for a unique identification by the camera and software system.

The instruments can be utilized with knee and hip applications. The Acumen™ instruments are designed as one-time use components.

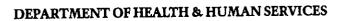
Intended Use: The Acumen™ Surgical Navigation System is intended to assist the surgeon in providing orientation and reference information to anatomical structures during open or percutaneous orthopedic procedures. The Acumen™ System is indicated for use in surgical knee and hip procedures, in which the use of stereotaxic surgery may be appropriate, and where reference to rigid anatomical bony structures can be identified relative to fluoroscopy (hip procedures) or an imageless model of the anatomy (knee procedures). These procedures include, but are not limited to, knee and hip arthroplasty procedures.

K031454 page 2/2

Summary of Technologies: The Acumen™ Surgical Navigation System's technological characteristics are similar to or identical to the predicate devices.

Non-Clinical Testing: Software verification and validation was performed to establish substantial equivalence to the predicate devices.

Clinical Testing: Clinical testing was not used to establish substantial equivalence.





Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

JUL - 8 2004

Ms. Kristine C. Arnold, RN, MBA Regulatory Affairs Specialist Biomet Manufacturing Corporation P.O. Box 587 Warsaw, Indiana 46581-0587

Re: K031454

Trade/Device Name: Acumen™ Surgical Navigation System

Regulation Number: 21 CFR 882.4560 Regulation Name: Stereotaxic instrument

Regulatory Class: II Product Code: HAW Dated: April 8, 2004 Received: April 9, 2004

Dear Ms. Arnold:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

Page 2 - Ms. Kristine C. Arnold, RN, MBA

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (301) 594-4659. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address http://www.fda.gov/cdrh/dsma/dsmamain.html

Sincerely yours,

Muriane C. Provist For Celia M. Witten, Ph.D., M.D.

Director

Division of General, Restorative and Neurological Devices
Office of Device Evaluation

Center for Devices and Radiological Health

Enclosure

Indications for Use

510 (k) Number (if known) : **K031454**

Device Name: <u>Acumen™ Surgical Navigation System</u>

Prescription Use X OR	Over-The-Counter-Use
arthroplasty procedures.	
procedures). These procedures include,	but are not limited to, knee and hip
relative to fluoroscopy (hip procedures) o	or an imageless model of the anatomy (knee
surgical knee and hip procedures, in which	th the use of stereotaxic surgery may be I anatomical bony structures, can be identified
percutaneous orthopedic procedures. Th	ne Acumen™ System is indicated for use in
The Acumen Surgical Navigation System orientation and reference information to	m is intended to assist the surgeon in providing anatomical structures during open or
Indications for Use:	